

for each of the following:

DOCKET NO. 1343430-13441

ITEM NO.

Postal Regulatory Commission
Submitted 9/12/2011 2:18:53 PM

PAGE

Filing ID: 75637

ITEMAO.

Postal Service Customer Questionnaire Accepted 9/12/2011

1. Please check the appropriate box to indicate whether you used the Fishers Landing Post Office

OOCKET NO.

Postal Services	Daily	Weekly	Monthly	Never
			III	
a. Buying stamps		Limit	2	
b. Mailing letters	P			
c. Mailing parcels				
d. Picking up Post Office box mail	Ø			
e. Picking up general delivery mail	TP .			
f. Buying money orders			D	
g. Obtaining special services, including	Certified Mail,	Registered M	lail, Insured M	1ail,
Delivery Confirmation or Signature Conf				П
	L			
h. Sending Express Mail				
i. Buying stamp-collecting material				
Other postal services:				
a. Entering permit mailings	□ Yes	ØNo		
Non-postal Services				
a. Assisting senior citizens, persons with disabilities, etc. If yes, please explain:	□ Yes	₽No		
	Just Hook Valley reliable			
2. Do you pass another Post Office during business hours while traveling to or from work shopping, or for personal needs?				
☐ Yes If yes, which offices:		₽ No		

If you now receive carrier delivery, there w question 4.	ill be no change to your	delivery service - prod	eed to
3. Post Office box service or general deliv route delivery service will compare to your		is section. How do you DOCKET NO ITEM NO.	u think carrie). / 3/23/130 _
□ Better □ Just as Good	☐ No Opinion	□ Worse PAGE	_2
If yes, please explain: ACTUALLY NOT SOME METAL &	DEHVERED BOX SOMET	TO SOR HE	ME EQES
4. For which of the following do you leave to obtain these services? ☐ Shopping	your community? (Checl	(all that apply.) When	e do you go
□ Personal needs//			
□ Banking ONLINE			
□ Employment			
□ Social needs WATERTEWN			
5. Do you currently use local businesses in ☐ Yes If yes, would you continue to use them if th ☐ Yes	₽No		INITY
Name: A PHYLLIS F	FERENCER	,	
(Pleasé print your name)	, r		
Address: 40 BOX 24	×1-1-00-000-000-000-000-000-000-000-000-		
Telephone number: 3/5 Lesto-3 Please add any additional comments on a you for taking the time to complete this que	BON Date: separate piece of paper estionnaire.	and attach it to this fo	orm. Thank



DOCKET NO.	1363430-13641
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		1	
	~	_	

1. Please check the appropriate box to for each of the following:	indicate whet	her you used	the Fishers L	anding Post Office
Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps		р.		X
b. Mailing letters				×
c. Mailing parcels				X
d. Picking up Post Office box mail		eq		Because of
e. Picking up general delivery mail		₹		Because of hes-wort Cam It get
f. Buying money orders				×
g. Obtaining special services, including		l, Registered I	Mail, Insured	Mail,
Delivery Confirmation or Signature Con	ifirmation □			
h. Sending Express Mail				×
i. Buying stamp-collecting material				×
Other postal services:				
a. Entering permit mailings	□ Yes	√ No		
Non-postal Services				
Assisting senior citizens, persons with disabilities, etc. If yes, please explain:	□ Yes	□ No		8
N				
2. Do you pass another Post Office dur for personal needs?	ing business	hours while tra	aveling to or f	rom work shopping, or
If yes, which offices:Ye	S	u (o , , , , , , , , , , , , , , , , , , ,	

question 4. 3. Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service will compare to your current service? DOCKET NO. 1363430-1361 ☐ WorselTEM NO. □ No Opinion ☐ Just as Good **Better** PAGE If yes, please explain: We book work - impossible to get to, post affect during gas 4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services? X Personal needs _____ XEmployment XEmployment Social needs 5. Do you currently use local businesses in the community? If yes, would you continue to use them if the Post Office is discontinued? Name: (Please print your name) Address: Box 463 Forces Landin Ny 13641 Telephone number: (35) 489-5252 Date: 4/25//1
Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire. 19tho Still having track howing muit Sent (forwarded) to Pickida that should sot be sent

周	UNITED STATES					
	POSTAL	SERVICE				

DUUNLI IVU.	1-0-100 100 11
ITEM NO.	_22
PAGE	5

Please check the appropriate box to for each of the following:	o indicate w	nether you use	ed the Fishers	s Landing Po	st Office
Postal Services	Daily	Weekly	Monthly	Never	2
a. Buying stamps		×			
b. Mailing letters		×			
c. Mailing parcels			Ä		
d. Picking up Post Office box mail	×				
e. Picking up general delivery mail				X	
f. Buying money orders			X		
g. Obtaining special services, includin Delivery Confirmation or Signature Co		∕lail, Registere	d Mail, Insure	d Mail, occ <i>hsionaus</i> y	i i
h. Sending Express Mail				又	
i. Buying stamp-collecting material				b	
Other postal services:					
a. Entering permit mailings	□ Yes	≫ No			
Non-postal Services					
a. Assisting senior citizens, persons with disabilities, etc. If yes, please explain:	□ Yes	ΣNo			
2. Do you pass another Post Office du for personal needs?	uring busine	ss hours while	traveling to o	r from work s	hopping, or
☐ Y	es	×	No		

If you now receive question 4.	carrier delivery, there w	vill be no change to yo	ur delivery service - proc	eed to
3. Post Office box	service or general deliv	very service, complete	this section. How do you	ı think carrier
route delivery serv	vice will compare to your	current service?	DOCKET NO	1363430-131
□ Better	☐ Just as Good	No Opinion	☐ WorseITEM NO.	22
If yes, please expl	ain:		PAGE	Le
to obtain those se	nvices?		eck all that apply.) Where	
A Shopping	angina	na my	OT DAILY	
KPersonal needs				
☑ Banking	/(1 7	(()	
Employment	ritized	Δ		
Social needs	alex	undria Bar	g-not daily	
5 Do you currently	y use local businesses in Ya Yes	n the community?	No.	
If yes, would you o	continue to use them if the		ntinued?	
Name:	VER FOWLER	2		
(Please print your	name)			
Address:	2010 COUNTY	RTE 195 K	SHERS LANDING	NY 13641
Telephone number Please add any ad	r. 315-686-41	Separate piece of paper	er and attach it to this fo	



DOCKET NO	1363430-13641
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1. Please check the appropriate box to indicate whether you used the Fishers Landing Post Office for each of the following:					
Postal Services	Daily	Weekly	Monthly	Never	
a. Buying stamps					
b. Mailing letters		D .			
c. Mailing parcels					
d. Picking up Post Office box mail					
e. Picking up general delivery mail					
f. Buying money orders				D .	
g. Obtaining special services, including		Registered M	lail, Insured M	lail,	
Delivery Confirmation or Signature Conf			9		
h. Sending Express Mail			9		
i. Buying stamp-collecting material				0	
Other postal services:					
a. Entering permit mailings	□ Yes	□ No			
Non-postal Services					
Assisting senior citizens, persons with disabilities, etc. If yes, please explain:	□ Yes	₽No			

2. Do you pass another Post Office during business hours while traveling to or from work shopping, or for personal needs?

☐ Yes ☐ No

If yes, which offices:

question 4. 3. Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service will compare to your current service? BOOKET NO. 1363430-1364 □ No Opinion □ Worse: TEM NO. ☐ Just as Good □ Better PAGE If yes, please explain: 4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services? Shopping _____ Watertown ____ Personal needs □ Personal needs ____ Banking Internet □ Employment _________ 5. Do you currently use local businesses in the community? Yes If yes, would you continue to use them if the Post Office is discontinued? Name: fe ter AND SALLY HIDE(Please print your name) Address: fogox 37 Fishers handing N.Y. 13641 Telephone number: 315-686-3519 Date: 4-19-11
Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire. Our higgest problem is changing. The P.O. Box No. for ALL our MAIL

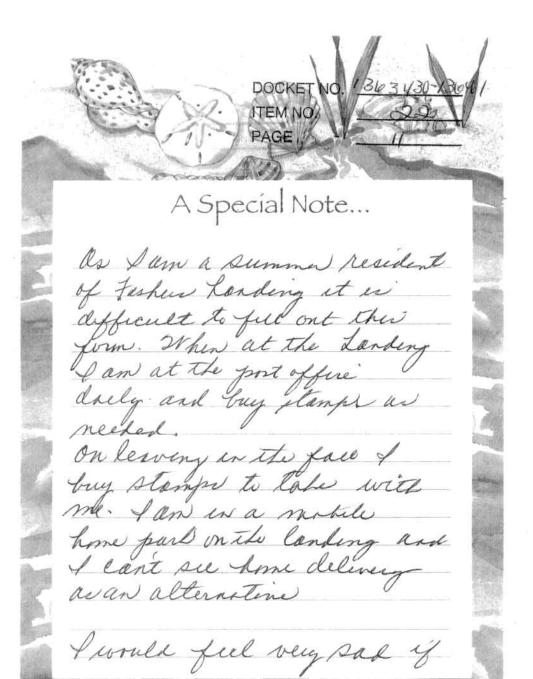
	UNITED STATES POSTAL SERVICE				
	POSTAL	SERVICE			

DUCKET NO.	1 MARCH - OR PRESENT
ITEM NO.	22
PAGE	q

1. Please check the appropriate box to indicate whether you used the **Fishers Landing** Post Office for each of the following:

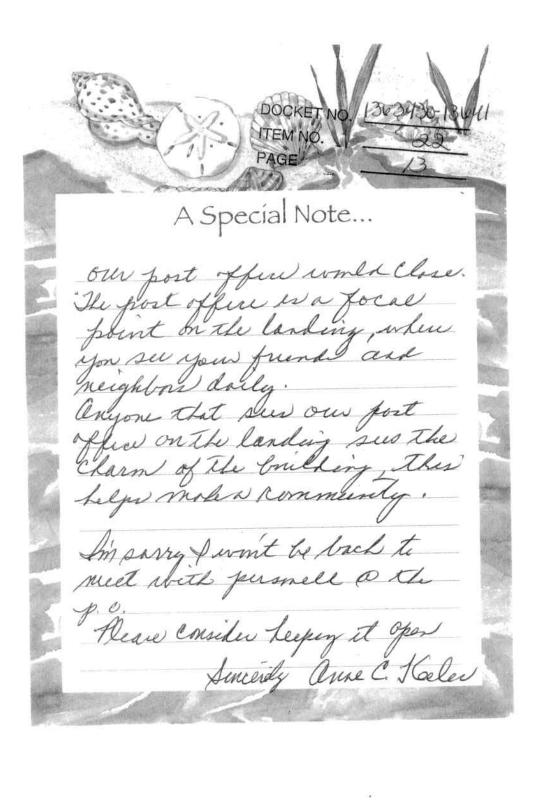
Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	*			
b. Mailing letters	€			
c. Mailing parcels				
d. Picking up Post Office box mail				
e. Picking up general delivery mail				
f. Buying money orders				
g. Obtaining special services, including	Certified Mail,	Registered M	lail, Insured M	1ail,
Delivery Confirmation or Signature Conf	irmation □			
h. Sending Express Mail				
i. Buying stamp-collecting material				
Other postal services:				
a. Entering permit mailings	□ Yes	□ No		
Non-postal Services				
a. Assisting senior citizens, persons with disabilities, etc. If yes, please explain:	□ Yes	□ No		u
2. Do you pass another Post Office duri for personal needs?	ng business h	ours while tra	veling to or fr	om work shopping, or
If yes, which offices:		® No		

If you now receive of question 4.	carrier delivery, there will	be no change to your	delivery	service - proce	ed to
3. Post Office box route delivery service	service or general deliver ce will compare to your cu	y service, complete thurrent service?	is sectior	DOCKET NO.	
□ Better	☐ Just as Good	No Opinion			
	in:				
4. For which of the to obtain these serv	following do you leave yo	ur community? (Chec	k all that	apply.) Where	
☐ Personal needs _					
☐ Banking					
☐ Employment	Betires				
☐ Social needs					
	use local businesses in to Yes ontinue to use them if the Yes	□ No	nued?		
(Please print your r	KEELER name)				
Telephone number Please add any add you for taking the ti	368 (SAYBROOK P BONITA SPRINGS : 239-405-7591 3159 ditional comments on a se me to complete this ques	SUMMER FC34134 Date: Que parate piece of paper tionnaire.	Fisher 20 and atta	Box 21 Landy 2011 Ich it to this for	- <i>(3 6 ()</i> m. Thank



DOCKET NO.	1363430-13661
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DOCKET NO.	1363130-13641
ITEM NO.	_33_
PAGE	14

1. Please check the appropriate box to indicate whether you used the Fishers Landing Post Office for each of the following:				
Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps				
b. Mailing letters	D'			
c. Mailing parcels				
d. Picking up Post Office box mail	D			
e. Picking up general delivery mail				
f. Buying money orders			O/	
g. Obtaining special services, including		Registered M	fail, Insured M	lail,
Delivery Confirmation or Signature Conf	firmation		D	
h. Sending Express Mail				B.
i. Buying stamp-collecting material				
Other postal services:				
a. Entering permit mailings	□ Yes	⊡ No		
Non-postal Services				
a. Assisting senior citizens, persons with disabilities, etc. If yes, please explain: Share in the pick - up y mail.				
				······································
2. Do you pass another Post Office during for personal needs?	ng business h	ours while tra	veling to or fro	om work shopping, o
If yes, which offices: Both P.O. are downtown - and out of the way. Brownie stones are on Rts. 12 - main drag!				

question 4. 3. Post Office box service or general delivery service, complete this section. How do you think carrier DOCKET NO. 1363430-136 route delivery service will compare to your current service? Worse: ITEM NO. □ No Opinion ☐ Just as Good ☐ Better we enjoy socializing with other petrons and the clerk. I know my broad is a the P.O. in the AM-Carrier, not so I can call the ask if certain pky has arrived or teen picket up by formely 4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services? Shopping aller Personal needs Withtown Social needs Church - all Buy 5. Do you currently use local businesses in the community? VYes If yes, would you continue to use them if the Post Office is discontinued? (they are not in Lishers Landing) Eleanor M Jeffries (Please print your name) Address: P.O. Box 148, Fishers Landing N.Y. 13641 Telephone number: 315-285-5075 Date: 04-20-2011 Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.



DOCKET NO. /	363430 - 13641
ITEM NO.	
DACE	110

 Please check the appropriate box to indicate whether you used the Fishers Landing Post Office for each of the following: 				
Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps			\mathbb{Z}	
b. Mailing letters		X		
c. Mailing parcels			A	
d. Picking up Post Office box mail	×			
e. Picking up general delivery mail	×			
f. Buying money orders			×	
g. Obtaining special services, including		, Registered N	/lail, Insured N	∕lail,
Delivery Confirmation or Signature Con	⊓			×
h. Sending Express Mail				8
i. Buying stamp-collecting material				×
Other postal services:				
a. Entering permit mailings	□ Yes	₹No		
Non-postal Services				
Assisting senior citizens, persons with disabilities, etc. If yes, please explain:	□ Yes	ÿ∕No		,
Do you pass another Post Office duri for personal needs?	ng business h	nours while tra	veling to or fr	om work shopping, or
If yes, which offices:		χNο		

If you now receive carrier delivery, there will be no change to your delivery service - proceed to question 4. 3. Post Office box service or general delivery service, complete this section Hawldayou think carrier route delivery service will compare to your current service? ITEM NO. ☐ No Opinion □ WorseAGE Just as Good □ Better If yes, please explain: WOULD STILL GET OUR MAIL ON A DAILY BASIS. 4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services? Shopping ALEXANDRIA BAY, BE Personal needs ALEX, BAY Banking ALEX, BAY Employment RETIRED W/ FIXED INCOME Social needs CLAYTON + ALEX. BAY 5. Do you currently use local businesses in the community? X Yes If yes, would you continue to use them if the Post Office is discontinued? ☐ Yes (Please print your name) Address: POBOX 241 FISHERS LANDING NY 13641 Telephone number: 315 - 686 - 4474 Date: 4-22-11 Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire. WITH GAS PRICES STEADILY RISING, IT WILL CREATE HARDSHIPS FOR MANY PEOPLE, ESPECIALLY FOR THOSE OF US WITH A LOW FIXED INCOME. MANY CAN'T AFFORD THE FUEL INCREASES FOR OUR VEHICLES TO DRIVE AN EXTRA 10 MILES DAILY TO PICK UP OUR MAIL. THANK YOU FOR CONSIDERING OUR REQUEST TO MAINTAIN THE FISHERS LANDING POST OFFICE. Please complete both sides

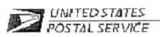


DOCKET NO.	1360-13641
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1. Please check the appropriate box to indicate whether you used the Fishers Landing Post Office for each of the following: Monthly Never Weekly Daily Postal Services 团 N M a. Buying stamps 7 N X b. Mailing letters N c. Mailing parcels X d. Picking up Post Office box mail V e. Picking up general delivery mail П X D f. Buying money orders g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation or Signature Confirmation П h. Sending Express Mail П i. Buying stamp-collecting material Other postal services: ☐ Yes □ No a. Entering permit mailings Non-postal Services a. Assisting senior citizens, persons □ No ☐ Yes with disabilities, etc. If yes, please explain: _____

2. Do you pass another Po for personal needs?	st Office during busines	s hours while traveling to or from work shopping, or
If yes, which offices:	□ Yes	5/No

question 4.	carrier delivery, there will b			
3. Post Office box route delivery serving Better If yes, please explanation	service or general delivery ice will compare to your cur	service, complete t rrent service?	DOCKET NO. IN Worse: ITEM NO. PAGE	<u>363430-131</u>
to obtain these ser				
Personal needs				
⊠ Banking				
∄ Employment				
☑ Social needs				
	y use local businesses in th ↓ Yes continue to use them if the ☐ Yes	L N	ntinued?	
Name: (Please print your	thur C. Par	13h		
M	POR 462 FishER	3 harding	N4-1364	1
Telephone numbe	er: 315 -686 - 33 dditional comments on a set time to complete this quest	75 Date: _	4)22/11	form. Thank



DOCKET NO.	1363430-13691
ITEM NO.	22
PAGE	20

 Please check the appropriate box to for each of the following: 	indicate wheth	ner you used t	he Fishers L	anding Post Office
Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps				
b. Mailing letters	8			
c. Mailing parcels				
d. Picking up Post Office box mail	9			
e. Picking up general delivery mail				
f. Buying money orders				
g. Obtaining special services, including		Registered M	/ail, Insured N	∕lail,
Delivery Confirmation or Signature Con	firmation			
h. Sending Express Mail				
i. Buying stamp-collecting material				
Other postal services:		2 31		
a. Entering permit mailings	□ Yes	▼ No	8	
Non-postal Services				
Assisting senior citizens, persons with disabilities, etc. If yes, please explain:	□ Yes	□∕No		
2. Do you pass another Post Office duri for personal needs?	ng business h	nours while tra	veling to or fr	om work shopping, or
If yes, which offices:		₽ No		

8				
question 4.	e carrier delivery, there v			
3. Post Office bo route delivery ser	x service or general delivice will compare to you	r current service?	DOCKET NO.	u think carrier । <u>३७३५३</u> ०-। <u>३७</u> २२
□ Better	□ Just as Good	No Opinion	□ Worse: PAGE	21
If yes, please exp	olain:			
to obtain these se ☐ Shopping				re do you go
	s			
☐ Employment _				
5. Do you curren	tly use local businesses	in the community?	No	
If yes, would you	continue to use them if	the Post Office is disco	ontinued? No	
Name: Allichard f. (Please print you	or name)	m/mmagn of	Wooden Boat Spe	rialties
Address: Pols	×17 + 475	Fishers Lands	ny 13641	
Telephone numb	per: 3/5-482-419 additional comments on e time to complete this q	a separate piece of pa	per and attach it to this	form. Thank



DOCKET NO.	13103430-13641
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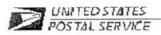
PAGE

Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you used the Fishers Landing Post Office for each of the following:					
Postal Services	Daily	Weekly	Monthly	Never	
a. Buying stamps					
b. Mailing letters			随		
c. Mailing parcels				Tell (Tell (
d. Picking up Post Office box mail	80				
e. Picking up general delivery mail	×			96	
f. Buying money orders				Æ	
g. Obtaining special services, including	Certified Mail,	Registered M	lail, Insured M	Mail,	
Delivery Confirmation or Signature Con	firmation □			₽	
h. Sending Express Mail					
i. Buying stamp-collecting material			40		
Other postal services:					
a. Entering permit mailings	□ Yes	愛No			
Non-postal Services					
a. Assisting senior citizens, persons with disabilities, etc. If yes, please explain:	□ Yes	₩ No			
2. Do you pass another Post Office during business hours while traveling to or from work shopping, or for personal needs? ☐ Yes No					

If yes, which offices:

question 4.			ur delivery service - proc			
3. Post Office box route delivery service	service or general deliv ce will compare to your	ery service, complete current service?		1363430-136		
□ Better	☐ Just as Good	□ No Opinion	□ WorseTEM NO. PAGE	23		
If yes, please expla	in:					
to obtain these sen ☐ Shopping WA	vices? +TKRTOWN		eck all that apply.) Wher	e do you go		
☐ Personal needs	WATERTOWN					
□ Banking CIAYTON						
= Employment Fishers LANDINS, + LAFARGEVILLE						
	WATERTOWN					
5. Do you currently	use local businesses in	n the community?	No			
If yes, would you co			ntinued?			
Name: LIGYDYD & (Please print your i	namé)					
Address: P. D Bo	& 94, Fishers 1	ANDING SY. 13	3641			
Telephone number	315-686-387	Date:	9-19-2011 per and attach it to this for	orm. Thank		



DOCKET NO.	1363430-1364
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Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you used the **Fishers Landing** Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps		4		
b. Mailing letters	D			
c. Mailing parcels			0	
d. Picking up Post Office box mail	10/			
e. Picking up general delivery mail	6			
f. Buying money orders	6			
g. Obtaining special services, including	Certified Mail,	Registered M	lail, Insured M	ail,
Delivery Confirmation or Signature Conf	firmation		b	
h. Sending Express Mail			4	
i. Buying stamp-collecting material				
Other postal services:		7		
a. Entering permit mailings	□ Yes	□ No		
Non-postal Services				
a. Assisting senior citizens, persons with disabilities, etc. If yes, please explain:	□ Yes	×100		
2. Do you pass another Post Office duri for personal needs?	ng business h	ours while tra	veling to or fro	om work shopping, or
If yes, which offices:		¥110		

	carrier delivery, there will be	e no change to you	ur delivery s	service - pro	ceed to
question 4.					W P W W
3. Post Office box route delivery service	service or general delivery ce will compare to your cur	service, complete rent service?		DOCKET NO	ou think carrier ว. <i>13<u>№3430-13</u>0</i> ԺՁ
□ Better	□ Just as Good	☐ No Opinion	Worse	PAGE	
	for Exticient busis				
to obtain these sen ☐ Shopping	4 tentour, 100	r community? (Che	eck all that	apply.) Whe	re do you go
☐ Personal needs	WATERTOWN, MY				
□ Banking WATON	town, Ny				
\square Employment $_\mathcal{E}$					
☐ Social needs					
5. Do you currently	use local businesses in the	e community?	No		
If yes, would you co	ontinue to use them if the F		ntinued?		
Name: SAV SAV (Please print your i	msov				
*			1.01		
Address: 41913		0 / /	(1)	11	
Please add any ad	r: <u>(3/5) 686-7204</u> Iditional comments on a sertime to complete this questi	Date: parate piece of paronnaire.	9-79 per and atta	ach it to this	form. Thank



DOCKET NO. 1318430-1364	4
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1. Please check the appropriate box to for each of the following:	o indicate w	hether you use	ed the Fishers	Landing Post Off	ice
Postal Services	Daily	Weekly	Monthly	Never	
a. Buying stamps			\bowtie		
b. Mailing letters		\times			
c. Mailing parcels				Occassiv	rolly
d. Picking up Post Office box mail	D				
e. Picking up general delivery mail			X		
f. Buying money orders				∞	
g. Obtaining special services, includin		Mail, Registere	d Mail, Insured	l Mail,	
Delivery Confirmation or Signature Co	onfirmation		X		.3
h. Sending Express Mail				occassion	red (
i. Buying stamp-collecting material				X	
Other postal services:					
a. Entering permit mailings	□ Yes	- XNO			
Non-postal Services					
a. Assisting senior citizens, persons with disabilities, etc. If yes, please explain:	□ Yes	×Nο.			
2. Do you pass another Post Office du for personal needs?	ıring busine	ss hours while	traveling to or	from work shopping	ng, or
If yes, which offices:		×	No 		

auestion 4. 3. Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service will compare to your current service? DOCKET NO.1363430-1364 No Opinion Worse EM NO. ☐ Just as Good □ Better PAGE If yes, please explain: 4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services? Shopping
 _____ Personal needs _____ ☑ Banking_____ □ Employment _____ Social needs_____ 5. Do you currently use local businesses in the community? Ver Yes If yes, would you continue to use them if the Post Office is discontinued? Name: (Please print your name) Address: Telephone number: Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire. lot relevant to this survey one of the part time employees out back with the door open Stinks of smoke when Please complete both sides



DOCKET NO	1363430-13641
DOONET NO.	2)

Postal Service Customer Questionnain PAGE

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7	\mathcal{Q}	
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 Please check the appropriate box to indicate whether you used the Fishers Landing Post Office for each of the following: 					
Postal Services	Daily	Weekly	Monthly	Never	
a. Buying stamps			ø'		
b. Mailing letters					
c. Mailing parcels					
d. Picking up Post Office box mail	Ø				
e. Picking up general delivery mail				3	
f. Buying money orders			Ø		
g. Obtaining special services, including		Registered M	ail, Insured M	lail,	
Delivery Confirmation or Signature Conf			ď		
h. Sending Express Mail					
i. Buying stamp-collecting material				♂	
Other postal services:					
a. Entering permit mailings	□ Yes	⊡′No			
Non-postal Services					
a. Assisting senior citizens, persons with disabilities, etc. If yes, please explain:	□ Yes	更 No			
2. Do you pass another Post Office during business hours while traveling to or from work shopping, or for personal needs?					
If yes, which offices:		¥No			

If you now receive carrier delivery, there will be no change to your delivery service - proceed to question 4.	
3. Post Office box service or general delivery service, complete this section. How do you think car route delivery service will compare to your current service? DOCKET NO. 1343430-	rrier 136
☐ Better ☐ Just as Good ☐ No Opinion ☐ Worse: ☐ 24	
If yes, please explain:	
4. For which of the following do you leave your community? (Check all that apply.) Where do you to obtain these services? □ Shopping Walmart - Leray □ Personal needs Filex Bay	go
Personal needs	
Banking N/A Employment Clayton	
□ Employment	
□ Social needs	
5. Do you currently use local businesses in the community? Yes No If yes, would you continue to use them if the Post Office is discontinued? Yes No	
Name: Panela Judson	
(Please print your name)	
Address: 17911 Reed's Pt. Rd. POBOX 121, Fishers Landing, NY 13641	
Telephone number: 315-686-4438 Date: April 18, 2011 Please add any additional comments on a separate piece of paper and attach it to this form. Than you for taking the time to complete this questionnaire. Up with June 2009 I was the PMR at the Fishers Landing Post office. The main reason for my leaving we due to the transient OIC's that Kept coming and going I think having a Postmaster in place would help maintain a more stable office and keep the revenue flowing.	as



DOCKET NO. 1363430-13	300
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PAGE

Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you used the **Fishers Landing** Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps			×	
b. Mailing letters		X		
c. Mailing parcels			×	
d. Picking up Post Office box mail	×			
e. Picking up general delivery mail				×
f. Buying money orders			×	
g. Obtaining special services, including		Registered N	Mail, Insured N	⁄lail,
Delivery Confirmation or Signature Conf	firmation			×
h. Sending Express Mail				8'
i. Buying stamp-collecting material				×
Other postal services:				
a. Entering permit mailings	□ Yes	⊠Nο		
Non-postal Services				
Assisting senior citizens, persons with disabilities, etc. If yes, please explain:	□ Yes	⊠No		,
Do you pass another Post Office duri for personal needs?	ng business h	ours while tra	veling to or fr	om work shopping, or
☐ Yes		X No		
ii yes, which offices.				

question 4.				
Post Office box route delivery service.	service or general deliv ce will compare to your	ery service, complete current service?	DOCKET NO.	. 1 <u>3le3430-13</u>
Better	☐ Just as Good	☐ No Opinion	WorkeM NO. PAGE	31
If yes, please expla	in:	1	PAGE	
4. For which of the	following do you leave	your community? (Ch	eck all that apply.) Whe	ere do you go
to obtain these sen	rices? CLAYTON A			
□ Banking <u>८</u>	ATERTOWI	V		
☐ Employment	N/A			
☐ Social needs				
2	use local businesses in	ne Post Office is disco		
Name: JAA	NES GIAME	BRA		
(Please print your r				
Telephone number Please add any add	REED POINT R 20 × 119 : 315-681-16 ditional comments on a me to complete this qu	separate piece of par	4-10-11	



DOCKET NO. /	363430-13641
ITEM NO.	-77

PAGE

Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you used the Fishers Landing Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps				
b. Mailing letters			N/	
c. Mailing parcels			0	
d. Picking up Post Office box mail	9			
e. Picking up general delivery mail				
f. Buying money orders				N/
g. Obtaining special services, including		Registered M	ail, Insured M	ail,
Delivery Confirmation or Signature Conf				
h. Sending Express Mail				
i. Buying stamp-collecting material				
Other postal services:				
a. Entering permit mailings	□ Yes	₽/No		
Non-postal Services				
Assisting senior citizens, persons with disabilities, etc. If yes, please explain:	□ Yes	₽∕No		
2. Do you pass another Post Office durir for personal needs?	ng business ho	ours while trav	veling to or fro	m work shopping, or
If yes, which offices:		I√No		

If you now receive carrier delivery, there will be no change to your delivery service - proceed to question 4.
3. Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service will compare to your current service? DOCKET NO. 13 123430 - 1366
☐ Better ☐ Just as Good ☐ Mo Opinion ☐ ITEM NO. ☐ 33 ☐ 33 ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
If yes, please explain: I like howing our post office it is convenient and with my sun in A Fganistan It makes it gruck + pasy to mail him boxes.
4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services? Shopping Chanter
Personal needs Nayton
Banking Clayton
Employment Chaument
Social needs Laturgen 11e, clay ton
5. Do you currently use local businesses in the community? □ No
If yes, would you continue to use them if the Post Office is discontinued? ☑ Yes ☐ No
Name: Mary Peña (Please print your name)
Address: P.O. Box 136 41880 Bayst Fishers Landing, My 13641
Telephone number: (315) 385 -5359 Date: 4 - 20 - 2014 Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.



DOCKET NO. 1369

PAGE

Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you used the Fishers Landing Post Office for each of the following: Weekly Monthly Never Daily Postal Services X a. Buying stamps A b. Mailing letters X c. Mailing parcels d. Picking up Post Office box mail X e. Picking up general delivery mail X f. Buying money orders g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation or Signature Confirmation X h. Sending Express Mail X i. Buying stamp-collecting material Other postal services: X No a. Entering permit mailings ☐ Yes Non-postal Services a. Assisting senior citizens, persons XN0 ☐ Yes with disabilities, etc. If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work shopping, or for personal needs?

□ Yes

If yes, which offices:

No.

Please complete both sides

auestion 4. 3. Post Office box service or general delivery service, complete this section. How do you think carrier DOCKET NO. 1363430-136 route delivery service will compare to your current service? WorsbEM NO. ☐ No Opinion ☐ Just as Good □ Better PAGE If yes, please explain: 4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services? ☐ Shopping □ Personal needs Clay for A-BAY Banking Cayfor/hatertown ☐ Employment WATOTOWN ☐ Social needs 5. Do you currently use local businesses in the community? If yes, would you continue to use them if the Post Office is discontinued? Name: BARRY CHALK (Please print your name) Address: Box 65 Fishers Landing My 13641 Telephone number: 315-686-5782 Date: 4(18)(1) Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire. 13641 We would Lose our Identity. We And My Family business Has been using this P.O. Since it Came to town 60 prs Ago - Maybe Cut back on outrages Postal expences Like - I know A Letter Carrier (Rural) that is KNOCKif Down 62-70,000. A Year to delion mail by CAR. I would do it for Stoff Like that IS



for personal needs?

If yes, which offices:

DOCKET NO	1365430-1364,		
ITEM NO.	22		
PAGE	_34		

Postal Service Customer Questionnaire

1. Please check the appropriate box to for each of the following:	indicate wheth	er you used t	he Fishers La	anding Post Office		
Postal Services	Daily	Weekly	Monthly	Never		
a. Buying stamps			×			
b. Mailing letters	abla					
c. Mailing parcels			Ø			
d. Picking up Post Office box mail	×					
e. Picking up general delivery mail						
f. Buying money orders				Ø		
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation or Signature Confirmation						
benvery communation or eightitude com						
h. Sending Express Mail				\square		
i. Buying stamp-collecting material						
Other postal services:						
a. Entering permit mailings	□ Yes	No				
Non-postal Services						
a. Assisting senior citizens, persons with disabilities, etc. If yes, please explain:	□ Yes	⊠ No				
Do you pass another Post Office during	na business h	ours while trav	veling to or fro	om work shopping, or		

☑ No

□ Yes

If you now receive question 4.	carrier delivery, there will b	oe no change to you	r delivery service - procee	ed to
3. Post Office box route delivery servi	service or general delivery ce will compare to your cu	service, complete t rrent service?	DOCKET NO.	363430-131
□ Better	□ Just as Good	☐ No Opinion		37
If yes, please expla	ain:		PAGE	
to obtain these ser	following do you leave you vices?			do you go
☐ Personal needs				
□ Banking	Clayter			
☐ Employment	Retired			
	Waterlows or C	layter		
	vuse local businesses in the ⊠ Yes continue to use them if the ⊠ Yes	□ IN	ntinued?	
Name:	oseph D Hunt	ier Sa		
(Please print your	name)		- 1 1 110	/
Address:		1	ishers Lending, NY	
Telephone numbe Please add any ac you for taking the	r: 315 771 - 62 64 dditional comments on a se time to complete this ques	Date: _ eparate piece of pap tionnaire.	er and attach it to this for	rm. Thank



for each of the following:

OCKET	NO	1363430	-13604	1
JUUNEI	INO.	100	100	1

ITEM NO.

22

PAGE

Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you used the Fishers Landing Post Office

_	 -	\leftarrow	
		9	

Never Weekly Monthly Daily Postal Services \Box a. Buying stamps A, П b. Mailing letters X c. Mailing parcels d. Picking up Post Office box mail П П e. Picking up general delivery mail X f. Buying money orders g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation or Signature Confirmation X h. Sending Express Mail X i. Buying stamp-collecting material Other postal services: a. Entering permit mailings Y Yes □ No Non-postal Services a. Assisting senior citizens, persons X No ☐ Yes with disabilities, etc. If yes, please explain: 2. Do you pass another Post Office during business hours while traveling to or from work shopping, or for personal needs? □ No If yes, which offices: <u>CLAYTON</u>

question 4. 3. Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service will compare to your current service? DOCKET NO. 1363 430-1364 □ Worge EM NO. □ No Opinion ☐ Just as Good □ Better PAGE If yes, please explain: 4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services? Shopping WATER TOWN, CLAYTON Personal needs_____ * Banking Alex ANDRIA BAY * Employment CAPL VINCENT ☐ Social needs 5. Do you currently use local businesses in the community? If yes, would you continue to use them if the Post Office is discontinued? □ No X Yes Name: ATRICIA G. WOOD Address: P.O. Box 324 CLAYTON NY 13624 Telephone number: 315-686-2887 Date: 4-18-11 Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire. I trent a box in Clayton only because their hours are more conductive to my work hours. Window Dervice is more effective at Fishers Indy. I live close to Frishers Lonly, and work nights (7p-1a).

If you now receive carrier delivery, there will be no change to your delivery service - proceed to



DOCKET NO.	1313430-131041
ITEM NO.	22

PAGE

GE ____

Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you used the **Fishers Landing** Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never	
a. Buying stamps					
b. Mailing letters					
c. Mailing parcels		□ ±	- D		
d. Picking up Post Office box mail	9				
e. Picking up general delivery mail					
f. Buying money orders					
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail,					
Delivery Confirmation or Signature Conf	irmation				
h. Sending Express Mail		0 <u>1</u>	-0/		
i. Buying stamp-collecting material					
Other postal services:					
a. Entering permit mailings	□ Yes	₽No			
Non-postal Services					
Assisting senior citizens, persons with disabilities, etc. If yes, please explain:	□ Yes	⊠∕No			
2. Do you pass another Post Office durir for personal needs?	ng business h	ours while tra	veling to or fro	om work shopping, or	
If yes, which offices:		₽No			

If you now receive of question 4.	carrier delivery, there will be	e no change to your o	delivery service - proc	eed to
3. Post Office box sroute delivery service	service or general delivery ce will compare to your cur	service, complete this rent service?	s section. How do you	1363430-1
□ Better	□ Just as Good	☐ No Opinion	□ WorseTEM NO.	22
If yes, please expla	in:		PAGE	_4/_
			E .	
4. For which of the to obtain these serv		r community? (Check		e do you go
Personal needs _	WATERTOWN			
Banking CLAY	ITON			
☐ Employment	NA			
Social needs CL	AYTON		***	
	use local businesses in the ☐ Yes ontinue to use them if the P ☐ Yes	1 No	nued?	
Name: NANCY C. (Please print your n	SMITH pame)			
Address: 18019	Reed Point Rd	. FISHERS L	ANDING, NY	13641
Telephone number: Please add any add	315-686-2486 ditional comments on a sep me to complete this question	Date:	1/19/11	



DOCKET	NO.1363430-1364/
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ITEM NO.

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Postal Service Customer Questionnaire

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1. Please check the appropriate box to indicate whether you used the Fishers Landing Post Office for each of the following: Postal Services Daily Weekly Monthly Never X a. Buying stamps b. Mailing letters X c. Mailing parcels d. Picking up Post Office box mail e. Picking up general delivery mail П f. Buying money orders g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation or Signature Confirmation h. Sending Express Mail i. Buying stamp-collecting material Other postal services: a. Entering permit mailings ☐ Yes X No Non-postal Services a. Assisting senior citizens, persons with disabilities, etc. ☐ Yes If yes, please explain: 2. Do you pass another Post Office during business hours while traveling to or from work shopping, or for personal needs?

☐ Yes

If yes, which offices:

X No

If you now receive carrier delivery, there will be no change to you question 4.	r delivery service - proceed t	0
3. Post Office box service or general delivery service, complete to route delivery service will compare to your current service?	his section. How do you think DOCKET NO. 136	
☐ Better ☐ Just as Good ☐ No Opinion		22
If yes, please explain:	PAGE	40
4. For which of the following do you leave your community? (Che to obtain these services? Shopping		you go
Personal needs		
Banking		*
□ Employment		
Social needs		— 2:
5. Do you currently use local businesses in the community?		
If yes, would you continue to use them if the Post Office is discor	tinued? o	
Name: JoHM CHALK		
(Please print your name)	PERS LAG	
Telephone number: 3/5 - 686 3509 Date: Please add any additional comments on a separate piece of paper you for taking the time to complete this questionnaire.	er and attach it to this form. T	ſhank



DOCKET NO. 1363430-13641

ITEM NO.

22

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PAGE

Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you used the **Fishers Landing** Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps				
b. Mailing letters				
c. Mailing parcels				8
d. Picking up Post Office box mail	ď			
e. Picking up general delivery mail				
f. Buying money orders				
g. Obtaining special services, including		Registered M	ail, Insured M	lail,
Delivery Confirmation or Signature Conf				
h. Sending Express Mail				
i. Buying stamp-collecting material				
Other postal services:		/		
a. Entering permit mailings	□ Yes	□ No		
Non-postal Services				
a. Assisting senior citizens, persons with disabilities, etc. If yes, please explain:	□ Yes	No		,
2. Do you pass another Post Office durin for personal needs?	ng business ho	/	=	
☐ Yes	e e e e e e e e e e e e e e e e e e e	₽No	Retirec	<u> </u>

question 4.				
3. Post Office borroute delivery serv	x service or general deliver	ry service, complete urrent service?		
Better	□ Just as Good	□ No Opinion	□ Worse: ITEM NO.	136-3430-136 22
If yes, please exp	lain: Convenient.		PAGE	45
to obtain these se Shopping Personal needs	e following do you leave your rices? H. Bury - (*) log B. H. Bury - (*)	les War	holas	
☐ Employment Social needs	A-Bay Clay	ton		
5. Do you currentl	y use local businesses in t ☐ Yes continue to use them if the ☐ Yes	he community?	No ntinued?	
Name:	name) agnet/	/		
(Please print your	name) O Box 9	75		
Telephone number Please add any a	96			orm. Thank

If you now receive carrier delivery, there will be no change to your delivery service - proceed to



DOCKET	NO. /3	63430-	13641
The second secon	THE RESERVE THE PARTY OF THE PA		

ITEM NO.

22

Postal Service Customer Questionnaire PAGE

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1. Please check the appropriate box to indicate whether you used the Fishers Landing Post Office for each of the following: Postal Services Daily Weekly Monthly Never A a. Buying stamps X b. Mailing letters X c. Mailing parcels d. Picking up Post Office box mail X П e. Picking up general delivery mail П f. Buying money orders П П g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation or Signature Confirmation h. Sending Express Mail П X П i. Buying stamp-collecting material Other postal services: No ☐ Yes a. Entering permit mailings Non-postal Services a. Assisting senior citizens, persons No with disabilities, etc. ☐ Yes If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work shopping, or for personal needs?

If yes, which offices: _____

□ Yes

No

If you now receive question 4.	carrier delivery, there w	rill be no change to you	ır delivery service	- proceed to
	service or general deliv ce will compare to your		this section. How	do you think carrie
□ Better	☐ Just as Good	☐ No Opinion	X DOCRET NO	0.1363430-13641
If yes, please expla	in:		ITEM NO.	27
				-41
to obtain these serves Shopping Personal needs _ Banking Employment Social needs 5. Do you currently	WATERTOWN OPERA HO use local businesses in XYes	ALEX BAY DRUGS SAVINGS THE community?	AND/OR V, RESTAU	CLAYTON
If yes, would you co	ontinue to use them if th	e Post Office is discon □ N		
Name: ///c	holas +J	/ // ~	RARIE	
(Please print your n	ame)	-11	Nding No	Y. 13641
Telephone number: Please add any add	(775) 63/-3; litional comments on a me to complete this que	separate piece of paper	Apr. 26, er and attach it to	2011 this form. Thank

DOCKET NO. ______ 4-26 // serior 48 es a reprova on Social Security it would be an added strain on my budget having to orive, an extra 10 miles, sound trip to Clayton everyday, to sic up and drop by in from the old school and paymy bills by mail. I don't like the interne but it looks like I may have to gain the massex and stop bulging stamps get out of the postal service and turn it over to a business that could turn aprofit.

that the Fishers Jouding Post office Close down on Sounday and need be only be oping those days a sweek to sounday, Weaknesday aird to wild he better than travery to orive into Gayton or ster Day. If gas heeld going up, I won't be going andwhere!

DOCKET NO. 1363430-13641 ITEM NO. 22 PAGE 49 DOCKET NO. 1363430-13641
ITEM NO. 22
PAGE 50